

UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>	Attorney Docket No.	239447US2
	First Inventor or Application Identifier	
	Kazuo OKADA	
Title	GAMING APPARATUS	
	Assignee Name:	Aruze Corporation
	Assignee Address:	1-25, Ariake 3-chome, Koto-ku, Tokyo, Japan

16591 U.S. PRO 10/602620 06/25/03

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents		ADDRESS TO:	Commissioner for Patents Mail Stop Patent Application Alexandria, Virginia 22313
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and a duplicate for fee processing)		ACCOMPANYING APPLICATION PARTS	
2. <input checked="" type="checkbox"/> Specification	Total Sheets	<input checked="" type="checkbox"/> 44	
3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113)	Total Sheets	<input checked="" type="checkbox"/> 38	
4. <input checked="" type="checkbox"/> Oath or Declaration	Total Pages	<input checked="" type="checkbox"/> 3	
a. <input checked="" type="checkbox"/> Newly executed (Faxed copy)			
b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. §1.63(d)) (for continuation/divisional with box 17 completed)		<input type="checkbox"/> Power of Attorney <input type="checkbox"/> Copies of IDS Citations	
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b).			
5. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)		13. <input checked="" type="checkbox"/> White Advance Serial No. Postcard	
6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)		14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	
a. <input type="checkbox"/> Computer Readable Form (CRF)		15. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	
b. Specification or Sequence Listing on :		16. <input type="checkbox"/> Other:	
i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or			
ii. <input type="checkbox"/> Paper			
c. <input type="checkbox"/> Statements verifying identity of above copies			
17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below:			
<input type="checkbox"/> Continuation	<input type="checkbox"/> Divisional	<input type="checkbox"/> Continuation-in-part (CIP)	of prior application no.:
Prior application information:		Examiner: Group Art Unit:	

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. Amend the specification by inserting before the first line the sentence:				
<input type="checkbox"/> This application is a	<input type="checkbox"/> Continuation	<input type="checkbox"/> Division	<input type="checkbox"/> Continuation-in-part (CIP)	
of application Serial No.		Filed on		
<input type="checkbox"/> Which was published in English				
<input type="checkbox"/> Which was not published in English				
<input type="checkbox"/> This application claims priority of provisional application Serial No.				Filed

{, 19. CORRESPONDENCE ADDRESS



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Name:	Marvin J. Spivak	<i>Chm McClelland</i>	Registration No.:	24,913
Signature:			Date:	6/25/03
Name:	C. Irvin McClelland Registration Number 21,124		Registration No.:	

06/25/03
Docket No. 239447US2
18334 U.S. PTO

239447US2

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Kazuo OKADA

SERIAL NO: New Application

FILING DATE: Herewith

FOR: GAMING APPARATUS

FEE TRANSMITTAL

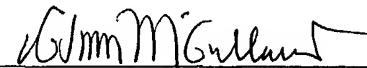
COMMISSIONER FOR PATENTS
ALEXANDRIA, VIRGINIA 22313

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	8 - 20 =	0	x \$18 =	\$0.00
INDEPENDENT CLAIMS	1 - 3 =	0	x \$84 =	\$0.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$280 =	\$0.00
<input type="checkbox"/> LATE FILING OF DECLARATION			+ \$130 =	\$0.00
			BASIC FEE	\$750.00
			TOTAL OF ABOVE CALCULATIONS	\$750.00
<input type="checkbox"/> REDUCTION BY 50% FOR FILING BY SMALL ENTITY				\$0.00
<input type="checkbox"/> FILING IN NON-ENGLISH LANGUAGE			+ \$130 =	\$0.00
<input type="checkbox"/> RECORDATION OF ASSIGNMENT			+ \$40 =	\$0.00
			TOTAL	\$750.00

- Please charge Deposit Account No. 15-0030 in the amount of A duplicate copy of this sheet is enclosed.
- A check in the amount of **\$750.00** to cover the filing fee is enclosed.
- The Director is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

OBLON, SPIVAK, McCLELLAND,
MAIER & NEUSTADT, P.C.



Marvin J. Spivak

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C. Irvin McClelland
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Date: 6/25/03



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